

INDIANA COMMUNITY BASED CHILD ABUSE PROGRAM
(1) COVER SHEET

LEGAL AGENCY/ORGANIZATION NAME: _____

PROGRAM NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

CONTACT PERSON: _____

FEDERAL ID NUMBER: _____

COUNTY SERVED: _____

PROGRAM DESCRIPTION: (One sentence) _____

ESTIMATED # OF FAMILIES/CHILDREN TO PARTICIPATE IN THE PROGRAM:

PROGRAM TYPE:	_____	Primary prevention
	_____	Secondary prevention

BUDGET: TOTAL PROGRAM BUDGET _____

TOTAL CBCAP REQUEST _____

CBCAP REQUEST IS _____% OF TOTAL BUDGET

OTHER FUNDING RECEIVED FOR THIS PROGRAM AND AMOUNT: (if applicable)

**INDIANA COMMUNITY-BASED PROGRAM
(2) PROPOSAL ABSTRACT**

One (1) page only

AGENCY OR ORGANIZATION: _____

COUNTY SERVED: _____

BACKGROUND/ DOCUMENTATION OF NEED:

TARGET POPULATION (WHO, WHERE, HOW IDENTIFIED/RECRUITED):

METHODS/ ACTION PLAN:

OUTCOMES:

EVALUATION:

**INDIANA COMMUNITY BASED CHILD ABUSE PROGRAM
AGENCY/ ORGANIZATION HISTORY & QUALIFICATIONS**

One (1) page only

BOARD MEMBERS (may attach list):

STATEMENT OF ORGANIZATION PURPOSE:

DESCRIBE THE HISTORY OF YOUR AGENCY / ORGANIZATION (including how it began and why):

DESCRIBE THE ADMINISTRATIVE STRUCTURE UNDER WHICH THE PROGRAM WILL FUNDED.
(Include a description of the qualifications and capacity of your agency/ organization to provide the proposed
program.):

DOCUMENT NOT-FOR-PROFIT STATUS:

INDIANA COMMUNITY BASED CHILD ABUSE PROGRAM
(4) STATEMENT OF NEED
DATA SECTION

Two (2) pages only, page 1 of 2

CORE DATA: Provide the following required information for each county in the proposed service area.

COUNTY NAME(S): _____

TOTAL COUNTY POPULATION: _____

SUPPLEMENTAL:

COMMUNITY-BASED CHILD ABUSE PROGRAM

Two (2) pages only, page 2 of 2

NARRATIVE SECTION: Provide a detailed written statement which clearly and concisely states and provides verification of the problem or need for your program.

**INDIANA COMMUNITY BASED CHILD ABUSE PROGRAM
(5) PROGRAM OVERVIEW**

See Instructions

*Reproduce as Needed
One (1) Page Per Outcome

OUTCOME

ACTIVITIES/OBJECTIVES:

EVALUATION:

INDIANA COMMUNITY BASED CHILD ABUSE PROGRAM

6) STAFFING PLAN

See Instructions

**INDIANA COMMUNITY BASED CHILD ABUSE PROGRAM
(8) BUDGET**

BUDGET DETAIL

- The budget should be for the **proposed program only**, do **not** give the total agency budget.

Section I. Expenses	CBCAP REQUEST	OTHER FUNDING	PROGRAM BUDGET ONLY
1. Salaries and Wages (Staff position and salaries x hours x grant period)	\$	\$	\$
2. Fringe Benefits (aggregate amount)	\$	\$	\$
3. Consultant & Contractual Services (Fees x hours x grant period)	\$	\$	\$
TOTAL PERSONNEL EXPENSE (total of categories 1-3)	\$	\$	\$
4. Space Costs (Example: Rent, utilities, & maintenance)	\$	\$	\$
5. Consumable Supplies (Example: Desk top & paper supplies, postage)	\$	\$	\$
6. Travel (Example: Mileage, accommodations for staff & consultants)	\$	\$	\$
7. Telephone (Example: Installation, basic & long distance service fees)	\$	\$	\$
8. Non-Consumable Supplies (Example: Desks, typewriters, etc.)	\$	\$	\$
9. Program - Related Expenses (Example: Materials, meeting space, conference registrations)	\$	\$	\$
10. Other Costs (Example: CPA audit, resource materials)	\$	\$	\$
TOTAL NON-PERSONNEL EXPENSE (total of 4-10)	\$	\$	\$
TOTAL PROGRAM BUDGET (Total Personnel Expense + Total non-personnel expense)	\$	\$	\$

- Details should be listed on the Budget Justification

INDIANA COMMUNITY BASED CHILD ABUSE PROGRAM
(8) BUDGET
PAGE 2

Section II. Income	
A. Federal or State Grants (Please list contracts out individually including amount & contract number)	\$
B. Foundation Grants	\$
C. Corporate Grants	\$
D. Individual Contributions	\$
E. Donations	\$
F. Special Events Proceeds	\$
G. In-Kind Donations & Services	\$
H. Total Requested of Community Based Child Abuse Program	\$
I. Miscellaneous	\$
TOTAL PROGRAM INCOME	\$

* Please note - Total program income should equal Total program budget.

INDIANA COMMUNITY BASED CHILD ABUSE PROGRAM
(10) BUDGET
PAGE 3

BUDGET JUSTIFICATION: For every line item requesting CBCAP Funds, written narrative justification must be made.

INDIANA COMMUNITY BASED CHILD ABUSE PROGRAM
(12) ASSURANCE/ CERTIFICATION SIGNATURE PAGE

I, the undersigned, certify that the statements in this grant application are true and complete to the best of my knowledge and accept, as to any grant awarded, the obligations to comply with any Indiana Community Based Child Abuse Program special conditions specified in the grant award and contract.

I, the undersigned, certify that in addition to the conditions mentioned before, will maintain generally accepted accounting procedures to provide for accurate and timely recording or receipt of fund (by source), expenditures (by items made from such funds) and of unexpended balances. I will establish controls which are adequate to ensure that expenditures charged to grant activities are for allowable purposes and that documentation is readily available to verify that such charges are accurate.

Signature			
	Authorized Official	Date	Title

Signature			
	Program Director	Date	Title